

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 111 OF 140

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Pediatric Dentistry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Frank P. Scartozzi

Mailing Address 550 Durie Avenue, #209

City

State

Zip Code

Closter

NJ

07624-2012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.18967

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Jayne F. Scherrman

Mailing Address 2845 Professional Court

City

State

Zip Code

Cape Girardeau

MO

63703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	23	/	2015

Transaction ID : SA11AI.18612

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Matthew D. Schieber

Mailing Address 19611 Harney St

City

State

Zip Code

Elkhorn

NE

68022-5687

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Pediatric Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.18989

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►